

Updated

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 573161

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/	/	/		
3		/	/	/		
4		/	/	/		
5		/	/	/		
6	/		/	/		
7		/	/	/		
8		/	/	/		
9	/		/	/		
10		/	/	/		
11		/	/	/		
12	/	/	/	/		
13	/	/	/	/		
14	/	/	/	/		
15	/	/	/	/		
16	/	/	/	/		
17	/	/	/	/		
18	/	/	/	/		
19	/	/	/	/		
20	(1)	(1)	/	/		
21	(1)	(1)	/	/		
22	(1)	(1)	/	/		
23	(1)	(1)	/	/		
24	(1)	(1)	/	/		
25	(1)	(1)	/	/		
26	(1)	(1)	/	/		
27	(1)	(1)	/	/		
28	(1)	(1)	/	/		
29	(1)	(1)	/	/		
30	(1)	(1)	/	/		
31	(1)	(1)	/	/		
32	(1)	(1)	/	/		
33	/		/	/		
34		/	/	/		
35	/	/	/	/		
36	(1)	(1)	/	/		
37	(1)	(1)	/	/		
38	(1)	(1)	/	/		
39	(1)	(1)	/	/		
40	(1)	(1)	/	/		
41	(1)	(1)	/	/		
42	(1)	(1)	/	/		
43	(1)	(1)	/	/		
44	(1)	(1)	/	/		
45	(1)	(1)	/	/		
46		/	/	/		
47		/	/	/		
48		/	/	/		
49		/	/	/		
50		/	/	/		
TOTAL IND.	4	↓		↓		↓
TOTAL DEP.	42	←		←		←
TOTAL CLAIMS	46					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52				/		
53				/		
54				/		
55				/		
56				/		
57				/		
58				/		
59				/		
60				/		
61				/		
62				/		
63				/		
64				/		
65				/		
66				/		
67				/		
68				/		
69				/		
70				/		
71				/		
72				/		
73				/		
74				/		
75				/		
76				/		
77				/		
78				/		
79				/		
80				/		
81				/		
82				/		
83				/		
84				/		
85				/		
86				/		
87				/		
88				/		
89				/		
90				/		
91				/		
92				/		
93				/		
94				/		
95				/		
96				/		
97				/		
98				/		
99				/		
100				/		
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		←	50	←		←
TOTAL CLAIMS			56			